

# BAPTISM DATE AND TIME REQUEST FORM

St. Austin Catholic Parish  
2026 Guadalupe Street  
Austin, Texas 78705

**FAX: (512) 477-9430**

## Requested time and date of Baptism:

Parents/guardians name: \_\_\_\_\_

Infant/Child's Name: \_\_\_\_\_

**Please consult the parish web page for date and times.**

Sunday, \_\_\_\_\_ 2:00 PM  
Month, date, and year

Other: \_\_\_\_\_

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We/I the parent(s)/guardian(s) of \_\_\_\_\_  
Infant or child's name

have read and understand all the information about baptisms on the St. Austin Catholic Parish web page, understand and will follow the norms, policies and guidelines established by the Diocese of Austin and St. Austin Catholic Parish.

Date: \_\_\_\_\_

Signature of Parent/guardian: \_\_\_\_\_

Signature of Parent/guardian: \_\_\_\_\_

Please see the parish web page for more information. The web page included: dates for baptisms, dates for baptism classes, forms, material fees, and other information. If you have any questions and / or concerns not addressed on the parish web page please bring them to the Infant Baptismal Preparation Course instructor who will provide further information.